

Expanding Care for the Uninsured

A new model of advocacy for the Medical Society

Presentation to:

Healthy Communities Access Program: All
Grantee Meeting

by Jim Walton, DO – Dallas County Medical Society

January 21, 2004

Persisting Pain on our Watch!



Why should we care?

□ A vision for community engagement

- ❖ What about our professional ethics?
- ❖ Physicians care about quality!
- ❖ Beyond patriotism!
- ❖ What is all this talk about increasing taxes?
- ❖ What about community leadership?
- ❖ What will the historians say about us?
- ❖ Expressing faith and spirituality!

Project Access: Our Mission

- ❑ A physician-led, community effort to provide health care for low-income, working but un-insured Dallas County residents.
- ❑ It is managed by the Dallas County Medical Society in partnership with hospitals, business, faith and community organizations, and funded through grants and donations to DCMS' foundation, the Dallas Academy of Medicine.



Caring enough to engage!



Physicians Taking the Lead

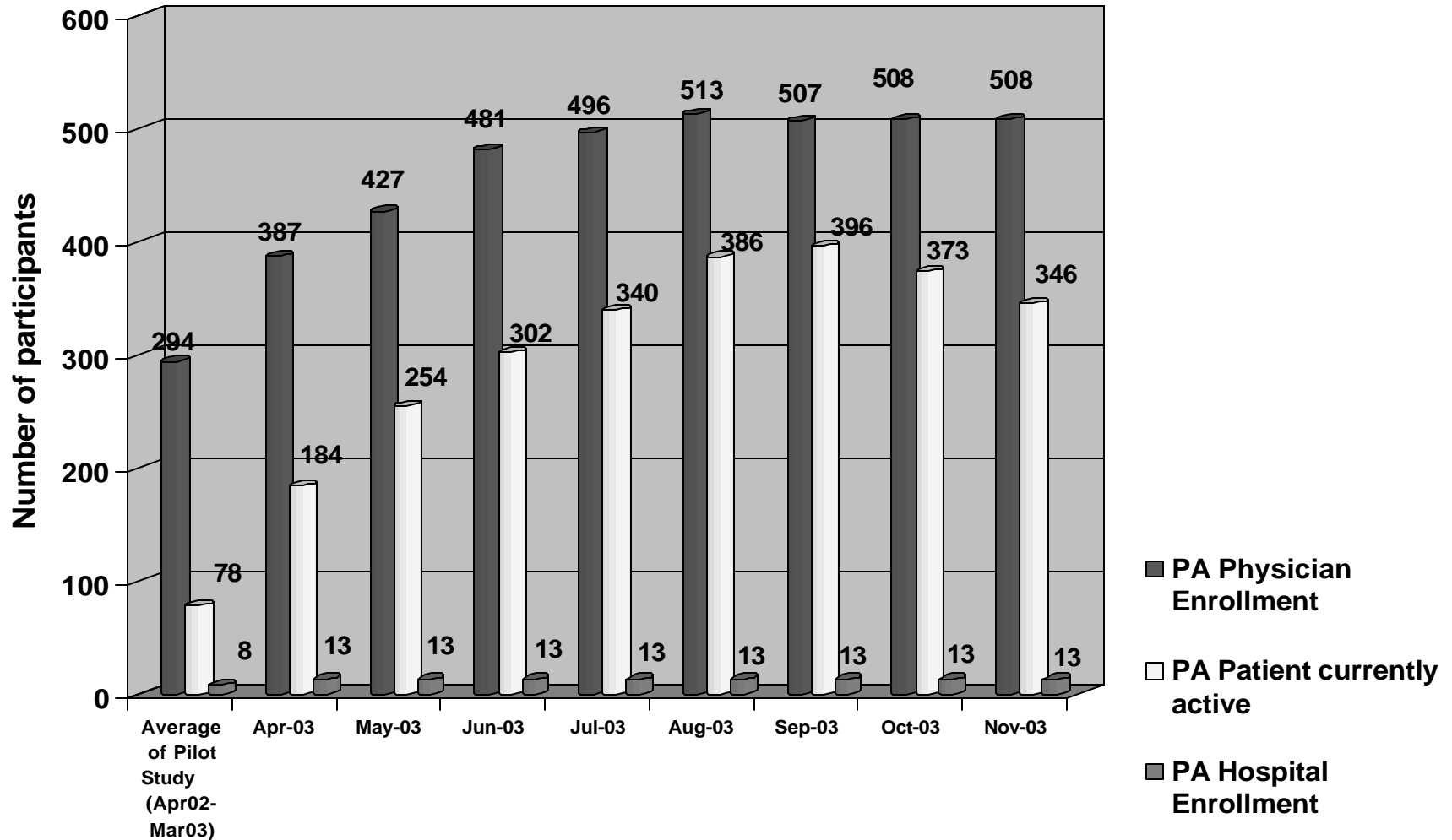
Our goal is to expand health care access and improve health outcomes for low-income, uninsured citizens of Dallas.



To do that, Project Access must demonstrate the value of community collaboration in an accountable health care project that utilizes the charitable gifts of a network of voluntary providers.

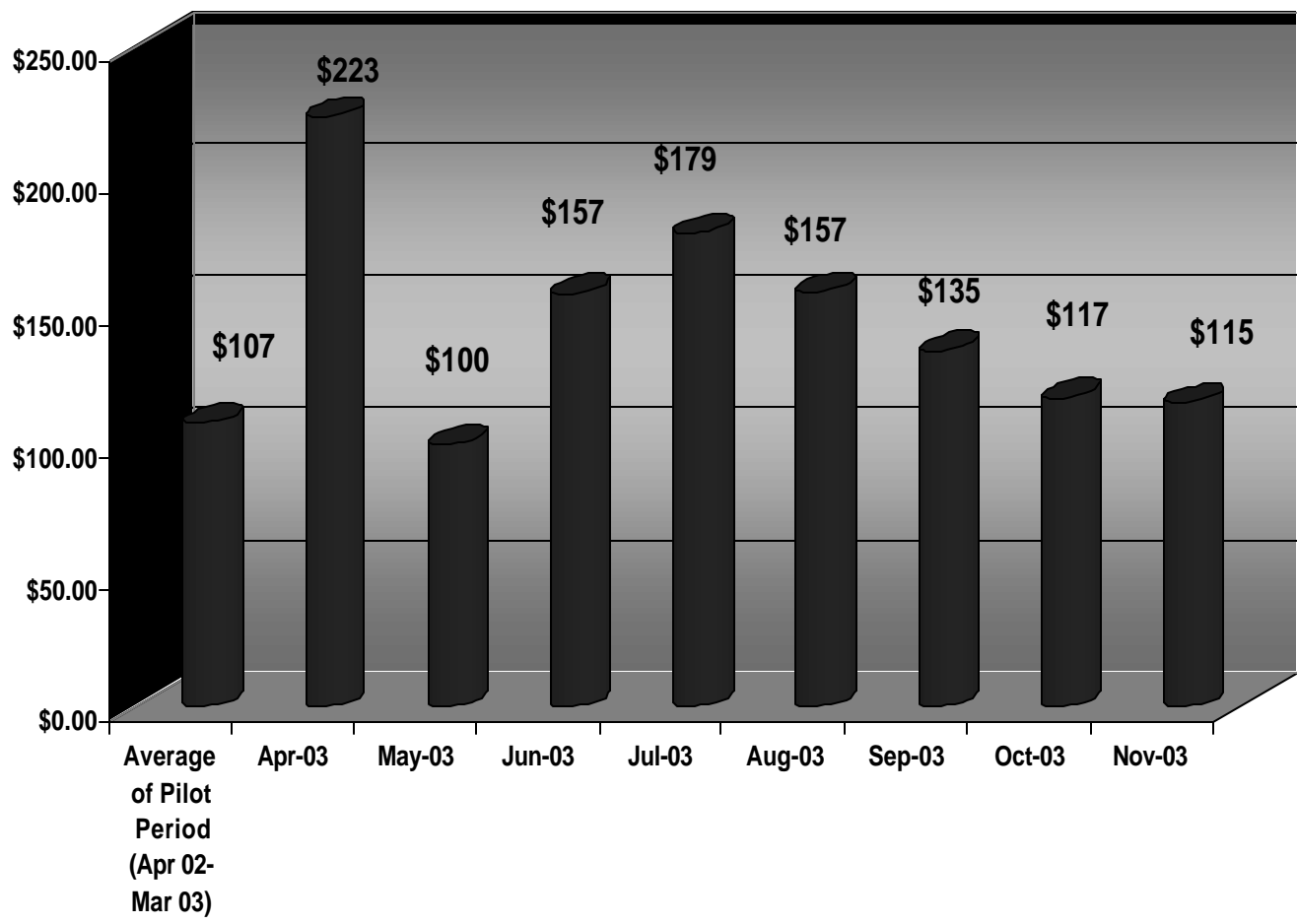
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Provider Network Growth and Development



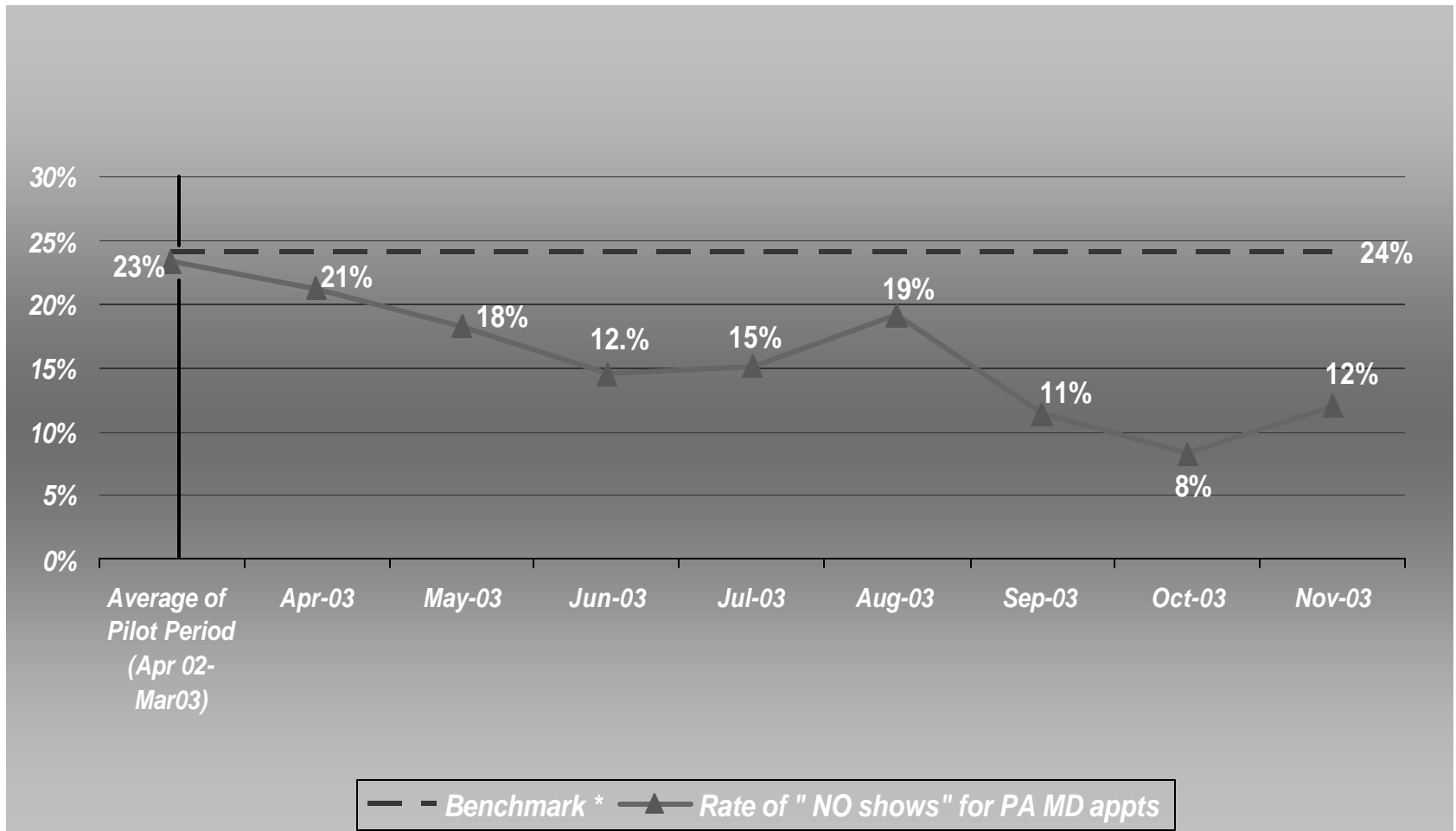
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Value of Donated Services per Enrollee
(Physician, Hospital and Ancillary)



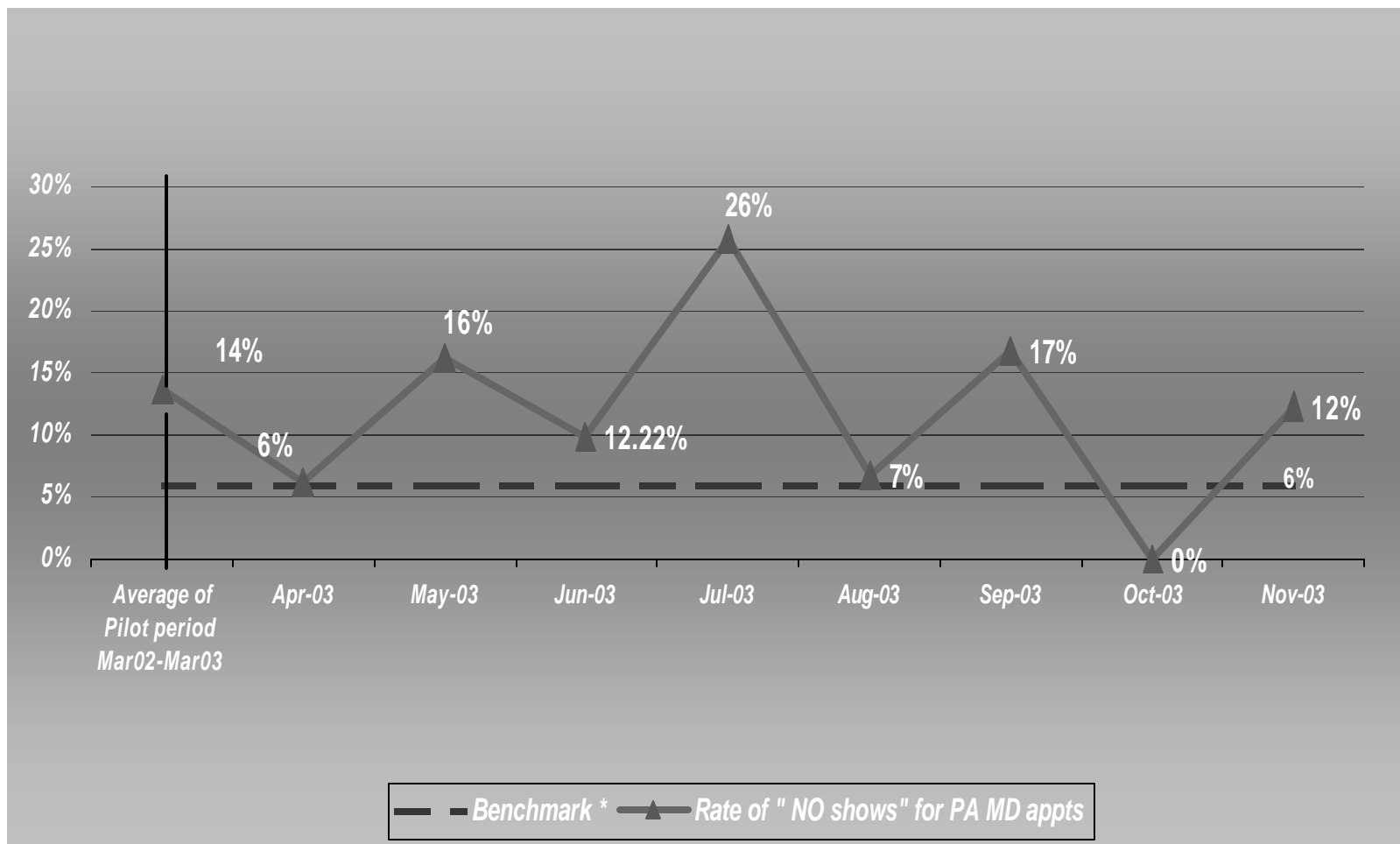
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Primary Care "No-Show" Rate



*National Norm, The Advisory Board 1999.

Project Access Specialty Care "No-Show" Rate



**National Norm, Family Medicine Study 2001*

Project Access: Estimated Return on Investment

Value per enrollee per month (April 2002- August 2003; n=293)

❑ Revenue-Project Output =	\$492
❑ Expenses-Project Input =	<u>\$165</u>
❑ Gross Profit =	\$327
❑ Amortization =	<u>\$52</u>
❑ Net Profit =	\$276

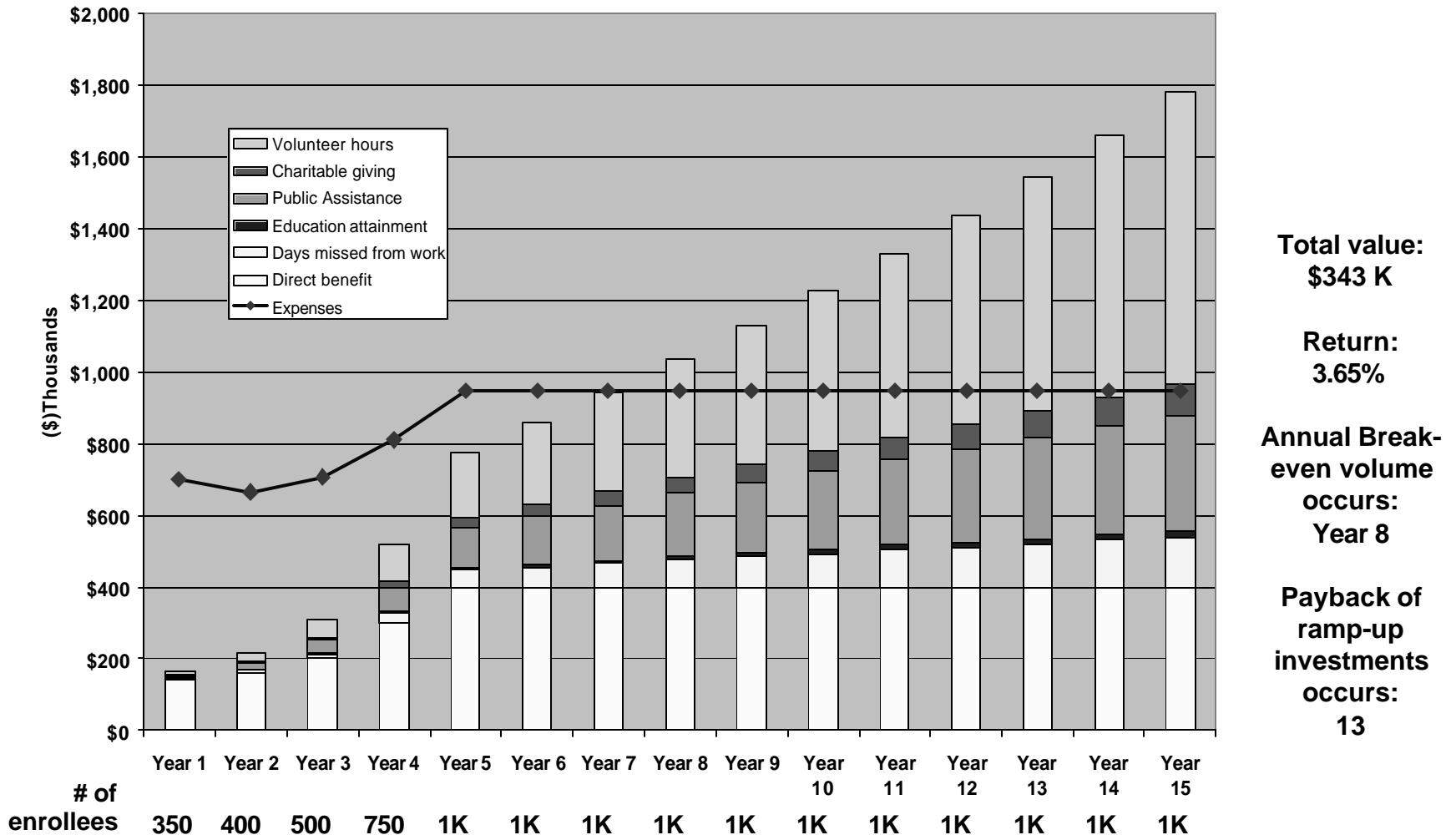
Project Output: Donated Physician, Hospital, Ancillary, Laboratory and Pharmaceuticals Services; PLUS Est. Avoided Emergency Department and Hospital Utilization.
(ED Utilization Direct cost: \$572/case. Hospital Direct cost: \$5,641/case)

Project Input: Personnel & benefits, MIS, Supplies, Travel, Communication, Marketing, Legal/Acct. ,etc. based upon expected Year 3 budget

Amortization: Start-up costs (Apr 02-Mar 03) spread over 5 years.

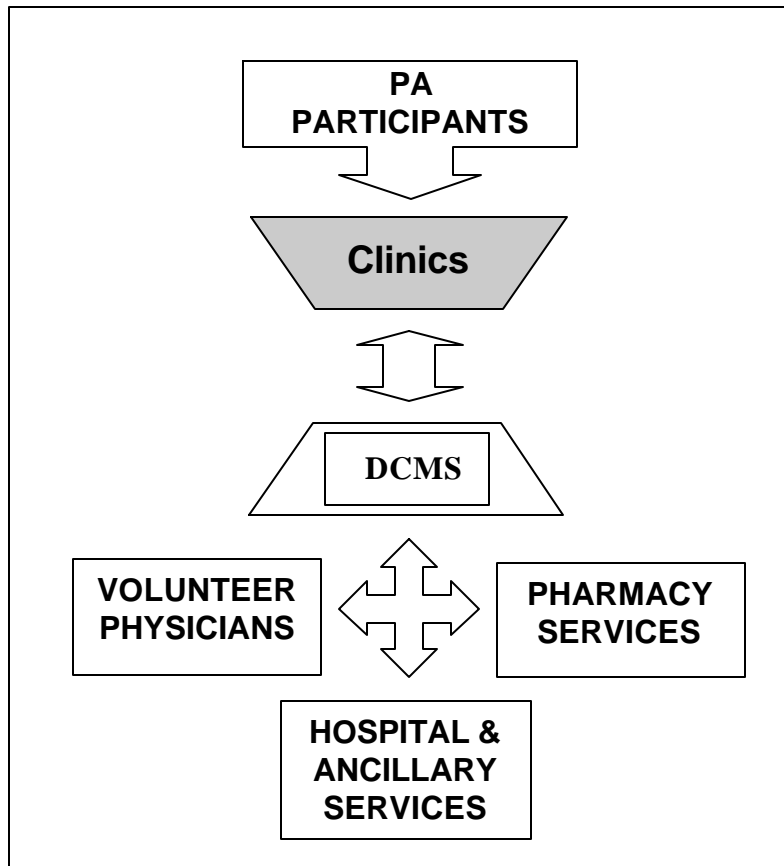
Social Return on Investment:

Hypothetical Run Chart-Project Access (0.75%)



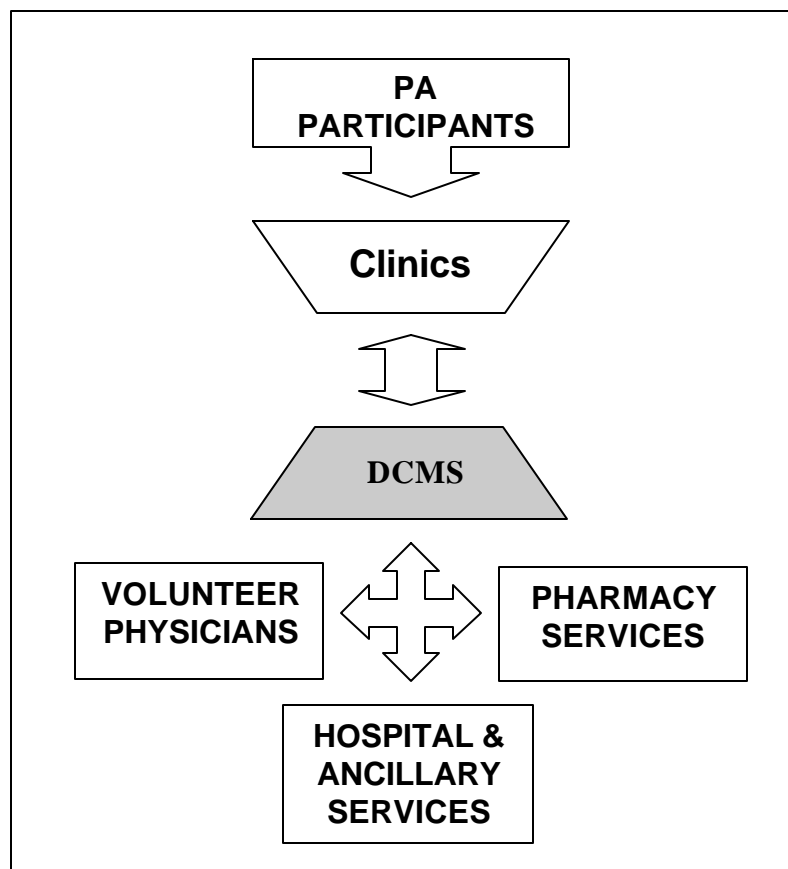
Assumptions: 0.75% Improvement in Change in Enrollee Volunteerism, Charitable Giving, Dependency on Public Assistance, Educational Attainment and subsequent income tax impact, and Missed days of work and employers costs for replacement, Direct Benefit from avoided Emergency Department and Inpatient Hospitalization. Adapted from Roberts Enterprise Development Fund.

Community Clinics



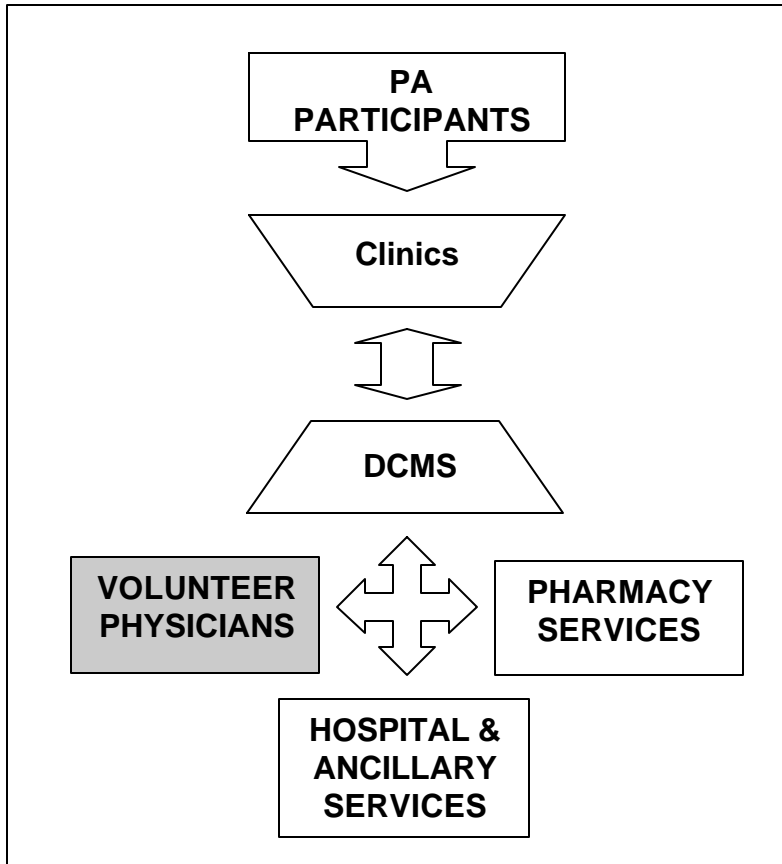
- ❑ Provides clinic care
- ❑ Enrolls patient into PA
- ❑ Request referral from DCMS via web-based software
- ❑ Provides Community Care Coordination

Dallas County Medical Society



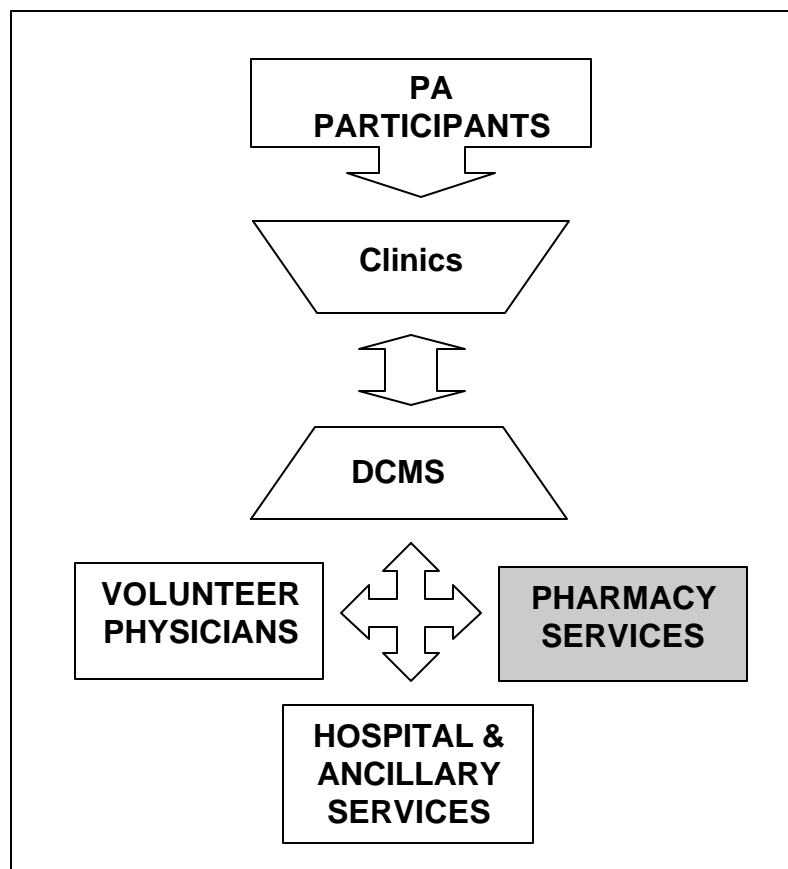
- ❑ Recruits volunteer physicians into network
- ❑ Manages physician utilization and scheduling
- ❑ Coordinates with Community Care Coordination
- ❑ Administrates web-based technology
- ❑ Manages relations with hospital, RX and ancillary service providers

Volunteer Physicians



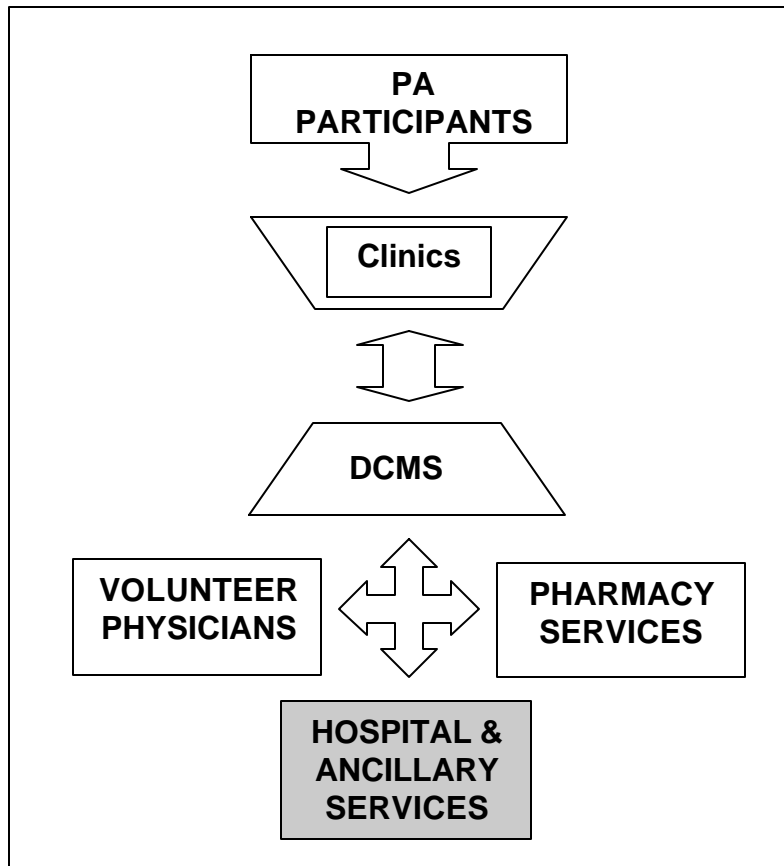
- ❑ Treat patients at offices
- ❑ Refer within PA physician, hospital & ancillary service network
- ❑ Use Rx formulary and PA pharmacies
- ❑ Ongoing preventive care responding to initial database responses

Pharmacy Services



- ❑ Patients receive prescriptions on formulary
- ❑ Retail Pharmacy donates dispensing services
- ❑ Pharmacy network charges costs of medications back to PA at a discount
- ❑ Patient pays a minimal co-pay (\$5)

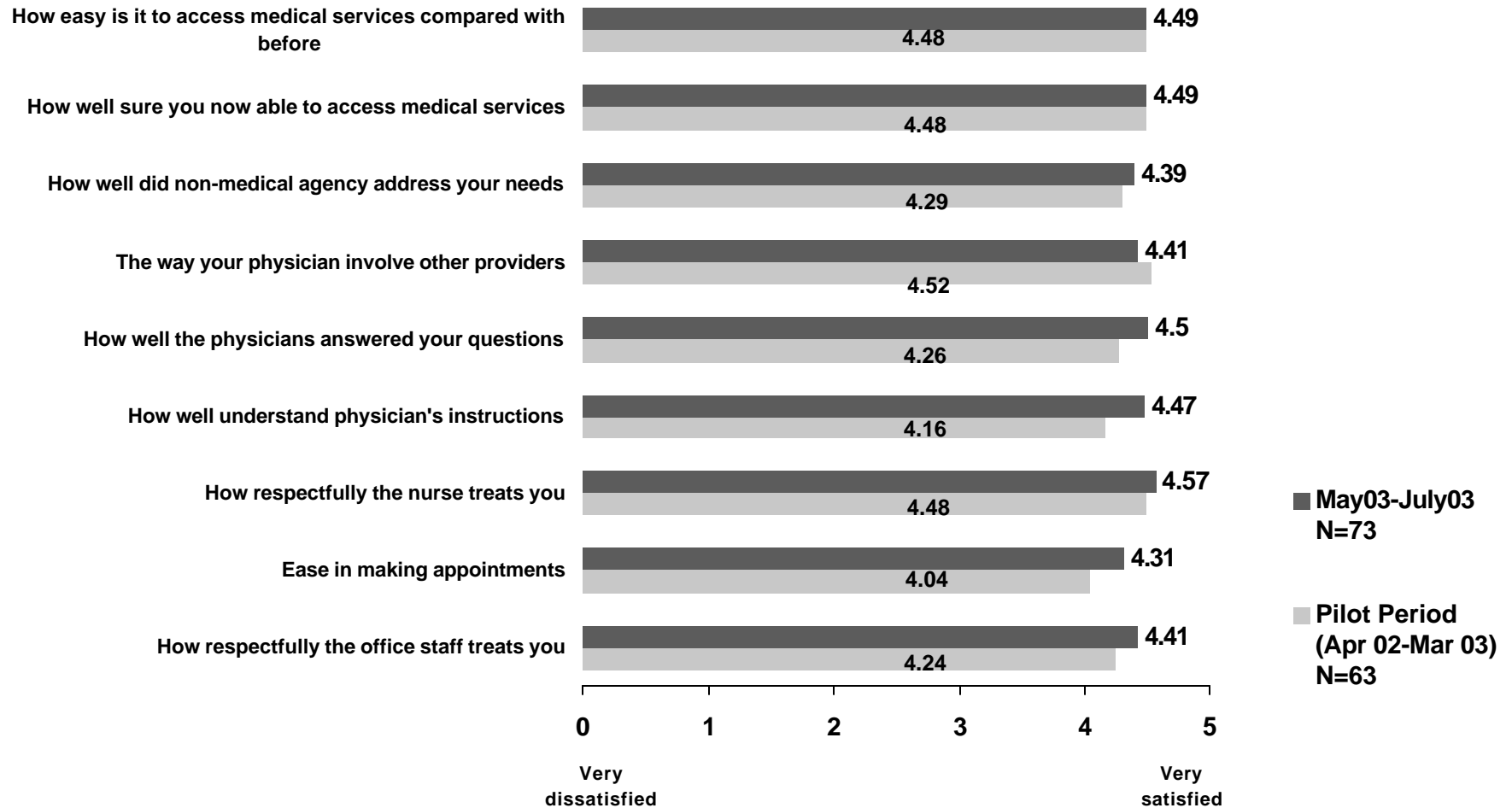
Hospital and Ancillary Services



- ❑ Admit PA patients to hospitals, provide care and ancillary services
- ❑ Provide testing, lab work and x-ray services at a minimal cost
- ❑ Patient pays a minimal co-pay at selected facilities, based upon their charity policy

Project Access

Patient Satisfaction Survey



Project Access

Provider Satisfaction Survey

